

NEVADA STATE WELFARE DIVISION
PUBLIC WORKSHOP ON PARENTAL RESPONSIBILITY

The Public Workshop on Parental Responsibility was brought to order by Nancy K. Ford, Welfare Administrator, at 10:02 a.m. on Thursday, October 21, 2004. This meeting was held at the Welfare Division Professional Development Center, 701 North Rancho Drive, Las Vegas, Nevada.

STAFF PRESENT

Nancy Ford, Administrator
John Liveratti, Division of Health Care Financing & Policy
Gary Stagliano, Deputy Administrator
Glenda Perryman, Family Services Specialist
Vicki Malone, Family Services Supervisor
Palisa Pendleton, Division of Health Care Financing & Policy
Janice Weiss, Division of Health Care Financing & Policy
Teresa Hackett, Division of Health Care Financing & Policy
Martha Pilgrim, Division of Health Care Financing & Policy
Miki Primus, Staff Specialist
Lynette Giles, Executive Assistant
Joyce Ramos, Deputy Attorney General

GUESTS PRESENT

Bill Heainlin, Nevada Disability Advocacy and Law Center
Winnie Wong, DRC
Janet Witt, Clark County Department of Juvenile Justice
Sue Goncalves, Clark County Department of Juvenile Justice
d'Arcy Bostic, Parent
Mary Bolduc, Parent
Robin Kincaid, Parent
Liliam Shell, Nevada Health Centers, Inc.

Ms. Ford opened the Public Workshop at 10:02 a.m. She explained this is an open forum to discuss parental responsibility for children on different Medicaid programs, i.e., Katie Beckett, Institutional Care, etc. A similar workshop was held in Carson City on Tuesday, October 19, 2004. Some recommendations were received and staff will review them to ensure a consensus is reached. After the information is garnered from the workshops, a public hearing will be held to adopt the proposed changes. Testimony will also be taken at the public hearing.

I. PARENTAL FINANCIAL RESPONSIBILITY FOR SERVICES PROVIDED TO DISABLED CHILDREN:

Ms. Ford explained the history of the parental responsibility program. She then reviewed the worksheet handout by line item. She noted alimony is allowed as a deduction. The worksheet is used to calculate the amount of the parental responsibility to be paid. The parental responsibility amount increases by the amount of income earned by the family. If a health insurance premium includes the disabled child, the monthly premium can be deducted. This is to encourage placing the disabled child on insurance as opposed to Medicaid, which is a public assistance program. Palisa Pendleton asked if the worksheet is given to applicants when they apply for the program. Ms. Ford explained it is supposed to be given to them, but has not been and then they receive notification from the Welfare Division's Investigations & Recovery Unit with a large retroactive payment amount. One change being discussed is to make the payment due prospectively from the date of eligibility, instead of retroactive from the date of application. Medicaid payments will still be retroactive to the date of application and potentially prior to the application date, but the responsibility payment will only be prospective. Ms. Ford clarified the child is Medicaid eligible even though the parental responsibility payment is not made, but collection efforts will be made to collect funds from the family.

It was asked if anything can be done if the amount of income received fluctuates. Staff advised requesting a change in income from their eligibility worker and sending in all of the necessary information to make the change to the case. Ms. Ford explained there are training issues which need to be addressed with eligibility workers and staff are working to identify all of the issues. A discussion about Social Security Income (SSI) and Medicaid eligibility ensued.

Ms. Ford explained when an application is received the system will "spin down" the application, which means the system looks for the level of care available to the applicant. It was explained if the SSI case is closed due to excess income, Medicaid is put into a pending status until the eligibility criteria is met. Liliam Shell said if someone applies for Medicaid, a regular intake worker may not know about the different levels of Medicaid, so more training is necessary. d'Arcy Bostic said it is encouraging to see more people working with the Katie Beckett and other Medicaid programs to help parents understand them better because people are very confused about how to receive this type of assistance. As a parent, she has found it is 'trial and error' going through the process to get Medicaid for a disabled child and asked about the \$150 deductible for child/respite care. Ms. Ford said the amount was established in 1996 and she believes the amount per month should be doubled. The disabled child is cared for in the home, saving the state money, and care costs have risen, so the

deduction amount should also rise. Ms. Bostic is interested in finding out how much parents pay for child/respite care and Ms. Ford explained it is directly tied to child care costs. She also commented if a disabled parent works outside the home, the cost for care for a disabled child is significantly higher. The \$300 would be deducted from the amount of parental obligation. The majority of the people on the program have a \$0 amount of parental responsibility and the people paying parental responsibility are significantly higher income families. It was asked if extraordinary out-of-pocket costs will be taken into consideration when calculating the parental responsibility amount. Ms. Ford said a deduction in income for medical expenses shown the federal income tax return is being explored to see if it is feasible. Bill Heainlin thinks it is a good idea to include these expenses to help more families. Ms. Ford noted the increase in the child/respite care deduction to \$300 and prospective payments will go forward, but the medical expenses deduction is being researched. A discussion ensued about defining medical expenses for an income deduction on parental responsibility.

Ms. Ford explained the parental responsibility payments collected go to the Division of Health Care Financing & Policy (DHCFP) to help them continue to provide services. She then explained the difference in services provided by the Welfare Division and DHCFP.

Gary Stagliano provided the other suggestions brought up in the northern meeting. One suggestion was providing a disclosure document and the worksheet to the applicant at the same time. Another suggestion was upon notification of parental responsibility, the worksheet will be included. Another suggestion was to supply brochures to the Welfare Division offices and outreach areas explaining the different programs and how to apply for them. He also commented communications between the Welfare Division, DHCFP and Mental Health and Disability Services (MHDS) will be improved. The worksheet, brochures and other necessary material will be provided to these agencies and workers to ensure everyone has all the same information. A discussion ensued regarding different services available to families with disabled children, such as Early Intervention and the IDEA Program. These programs will also receive information about the Medicaid services available to disabled children and how to properly access them. Several comments were received about the different outreach efforts in place at the different agencies like Early Intervention and the Special Children's Clinic. Ms. Bostic said her personal experience has shown the family is dealing with much more than medical issues, there are also mental stages and some families are not at a stage where they are ready to participate in this type of medical program. She believes more outreach should be provided to these families since they are not yet willing to admit about the program. She said Nevada Parents Encouraging Parents (PEP) is a good program and helps

with both of her disabled children. She is not sure how to reach these families and believes they may still be in denial.

Ms. Ford clarified the Katie Beckett Program is not a special program with special services, it is only a Medicaid category. Recipients in this Medicaid category receive the same services as the other Medicaid recipients. PEP said it's frustration to try to reach families since there is so little information available about the program, but they are working with Early intervention to try to reach more families. GS said many times when parents are pending Medicaid, the provider will bill prior months and if affects the parents when the services provided are shown against the responsibility paid. It was mentioned once Medicaid is billed and the responsibility is paid, the IDEA mandate is being violated. Ms. Ford explained it could be interpreted as a violation, but the parental responsibility payment is not for services, but instead for reimbursement for support of the child. It benefits the state to use federal matching funds which allow the state to provide more services to families. A discussion followed regarding what parents need to sign in order for a provider to bill Medicaid when going through Nevada Early Intervention Services or other agencies providing a free service they bill Medicaid for. John Liveratti explained all services must be billed by the provider to each patient equally, they cannot bill a Medicaid client and provide the same service free of charge to someone with regular insurance. This issue will be discussed with Early Intervention Services and MHDS to ensure their staff is properly trained, because their services should be provided at no cost to anyone, not just those not on Medicaid. Ms. Ford also noted regular insurance should be the disabled child's primary insurance carrier and Medicaid as the secondary. The representative from Nevada PEP stated it is understood once someone applies for Medicaid, their rights are waived and they have given permission to bill Medicaid and some providers are billing services generally billed free of charge to Medicaid. Ms. Ford said Medicaid services are generally given without consent. The Nevada PEP representative said there is a monthly cap on Medicaid services and if the free services are billed, the cap is met without a families' knowledge and other necessary services cannot be accessed for the month in question. Mr. Liveratti explained some providers do this is to maximize their income, whether it be a school district or other state agency. A discussion regarding the Medicaid cap, agencies billing Medicaid for services families thought were free and how it affects the disabled child's services for the month in question followed. Mr. Liveratti will follow up on this issue.

Ms. Bostic mentioned families want to provide their disabled child as much therapy as possible, as it is better for the child in the long run to become as independent as possible and possibly not end up in an assisted living facility. When she hears free services are being deducted without the knowledge of parents, she finds it very disturbing. Parents needs to be encouraged to look into this issue. The Nevada PEP representative said the family questioning this

practice will be sending their written comments in about it. Ms. Ford encouraged written comments to be e-mailed or sent in any time.

Ms. Ford recapped the possible changes as, prospective eligibility payments instead of retroactive, child/respite care deduction amount to \$300, and changing the worksheet wording to include alimony. Another change will allow all dependents claimed on the federal income tax return can be counted toward the parental responsibility amount. Ms. Bostic stated she likes the idea of counting all dependants so siblings can be encouraged to go to college to further their education. Ms. Ford clarified all dependents living in the household, whether children or elderly, will be included in the deduction if they are dependents on the federal income tax return and/or living in the household.

Ms. Ford explained since Medicaid is a public program for the indigent, the parental responsibility program payment is to give the Medicaid program back some of the funds expended. She also said the program been tried and upheld in federal court.

The Nevada PEP representative asked where Nevada ranks in the number of children served by the Katie Beckett Program and was advised no information is available on it. Mr. Liveratti said only 37 states have the program and the other states mandate the child must be in an institution or have a medically needy program in place, which Nevada does not have.

Ms. Ford said the public hearing date could be set in January, since a 30-day notice for public comment must be sent out and she will try to have it done as a video-conference between Carson City and Las Vegas to give everyone the opportunity to comment on the changes.

II. GENERAL PUBLIC COMMENTS:

None received.

Hearing no further comments, Ms. Ford thanked those in attendance for their input and participation in this meeting. She also suggested those interested in receiving information for future meetings include their name and address on the sign-in sheet. Ms. Ford closed the workshop at 11:05 a.m.